

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Managed Care Organizations

Memorandum No: 07-77
Issued: December 20, 2007

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022 or
<http://maa.dshs.wa.gov/contact/prucontact.asp>

**Subject: Wheelchairs, Durable Medical Equipment (DME), and Supplies and
Nondurable Medical Supplies and Equipment (MSE): Fee Schedule Changes**

Effective for dates of service on and after January 1, 2008, HRSA is:

- Revising the “Wheelchairs & Accessories” and “Other DME” fee schedules to match the Healthcare Common Procedure Coding System (HCPCS) Level II codes;
- Revising the *Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions* and the *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions* with changes in coverage; and
- Implementing the new Health and Recovery Services Administration (HRSA) Prescription Form (DSHS 13-794).

What changed?

- HRSA is revising the following fee schedules and coverage tables:
 - ✓ Wheelchair & Accessories;
 - ✓ Other DME; and
 - ✓ Medical Supplies and Equipment (MSE).

The revised fee schedules are available at <http://maa.dshs.wa.gov/RBRVS/Index.html>. The revised coverage tables in HRSA’s *Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions* and the *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions* are available at <http://maa.dshs.wa.gov/download/Index.html>.

- HRSA is revising the Coverage section of HRSA’s *Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions*. The revisions are attached to this memorandum.

Bill HRSA your usual and customary charge.

Health and Recovery Services Administration (HRSA) Prescription Form (DSHS 13-794)

HRSA covers services prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and HRSA is being billed for co-pay and/or deductible only:

The prescriber must use the Health and Recovery Services Administration (HRSA) Prescription Form (DSHS 13-794) to write the prescription. The form is available for download at <http://www1.dshs.wa.gov/msa/forms/eforms.html>. The prescription (DSHS 13-794) must:

- Be signed and dated by the prescriber;
- Be no older than one year from the date the prescriber signs the prescription; and
- State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.

Contact Information

Send reimbursement issues, questions, or comments to:

Durable Medical Equipment Rates Manager
Professional Reimbursement Section
Division of Rates and Finance Development
PO Box 45510
Olympia, WA 98504-5510
360.725.1845
Fax # 360.753.9152

Send authorization issues, questions, or comments to:

Durable Medical Equipment Program
Management Unit (DMEPMU)
PO Box 45506
Olympia Washington 98504-5506
800.292.8064
Fax # 360.586.5299

Billing Instructions Page Replacements

Attached are the following page replacements:

Name of Billing Instructions	Page Numbers
<i>Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions</i>	D.1, D.2, D.11, D.12, D.17, D.18, D.21, D.22, E.53, E.54, E.57, E.58, E.65, and E.66
<i>Nondurable Medical Supplies and Equipment (MSE) Billing Instructions</i>	D.1-D.4, D.11, D.12, D.25, D.26, D.45, D.46, D.75, D.76, D.71, and D.72

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Coverage

What is covered? [Refer to WAC 388-543-1100]

The Health and Recovery Services Administration (HRSA) covers the following subject to the provisions of this billing instruction:

- Wheelchairs and other DME;
- Equipment and supplies prescribed in accordance with an approved plan of treatment under the home health program;
- Orthotic Devices;
- Equipment and supplies for the management of diabetes;
- Replacement batteries (for covered, purchased, medically necessary DME equipment); and
- Bilirubin lights (limited to rentals for at-home newborns with jaundice).

Note: Those HCPCS codes with a “#” symbol in the maximum allowable column of the fee schedule are not covered by HRSA.

What are the general conditions of coverage?

HRSA covers the services listed above when all of the following apply. They must be:

- Medically necessary (see Definitions section). The provider or client must submit sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to, the following:
 - ✓ A physiological description of the client’s disease, injury, impairment, or other ailment, and any changes in the client’s condition written by the prescribing physician, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist; or
 - ✓ Video and/or photograph(s) of the client demonstrating the impairments and the client’s ability to use the requested equipment, when applicable.
- Within the scope of an eligible client’s medical care program (see *Client Eligibility* section);
- Within accepted medical or physical medicine community standards of practice;
- Prior authorized (see *Prior Authorization* section);

Wheelchairs, Durable Medical Equipment, and Supplies

- Prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and HRSA is being billed for co-pay and/or deductible only:

The prescriber must use the Health and Recovery Services Administration (HRSA) Prescription Form (DSHS 13-794) to write the prescription. The form is available for download at <http://www1.dshs.wa.gov/msa/forms/eforms.html>. The prescription (DSHS 13-794) must:

- ✓ Be signed and dated by the prescriber;
 - ✓ Be no older than one year from the date the prescriber signs the prescription; and
 - ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.
- Billed to the department as the payer of last resort only. HRSA does not pay first and then collect from Medicare.

See the *Wheelchair Fee Schedule* and *Other DME Fee Schedule* sections (I and J) for a complete list of covered medical equipment and related supplies, repairs, and labor charges.

Note: The evaluation of a By Report (BR) item, procedure, or service for its medical appropriateness and reimbursement value is on a case-by-case basis.

What are other specific conditions of coverage?

Clients Residing in a Nursing Facility

- HRSA covers the following for a client in a nursing facility:
 - ✓ The purchase and repair of a speech generating device (SGD) and one of the following:
 - A powered or manual wheelchair for the exclusive full-time use of a permanently disabled nursing facility resident when the wheelchair is not included in the nursing facility's per diem rate; or
 - A specialty bed or the rental of a specialty bed outside of the skilled nursing facility per-diem when:
 - The specialty bed is intended to help the client heal; and
 - The client's nutrition and laboratory values are within normal limits.

Note: A heavy duty bariatric bed is not considered a specialty bed.

- All other DME and supplies identified in this billing instruction are the responsibility of the nursing facility, in accordance with chapters 388-96 and 388-97 WAC.

“Other” DME Coverage Table

Beds, Mattresses, and Related Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4640	RP	Replacement pad for use with medically necessary alternating pressure pad owned by patient.	No	Purchase only. Included in nursing facility daily rate.
	A6550		Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories.	Yes	Purchase only.
D	A6551		Canister set for negative pressure wound therapy electrical pump, stationary or portable, each. Discontinued as of 1/1/2006 – see A7000.	Yes	Purchase only.
	A7000		Canister, disposable, used with suction pump, each	No	Limit of 1 per client every week.
	E0181	NU RR	Pressure pad, alternating with pump; includes heavy duty.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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D = Discontinued.
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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0182		Pump for alternating pressure pad.	No	Replacement purchase only. Included in nursing facility daily rate.
P	E0184		Dry pressure mattress.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0185	NU RR	Gel or gel-like pressure pad for mattress.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0186	NU RR	Air pressure mattress.	Rental requires PA.	For powered pressure reducing mattress see code E0277. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
#	E0187		Water pressure mattress.		
	E0190		Positioning cushion/pillow/wedge, any shape or size.	No	Purchase only. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0300	NU RR	Pediatric crib, hospital grade, fully enclosed.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
#	E0301		Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress.		Included in nursing facility daily rate.
#	E0302		Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress.		Included in nursing facility daily rate.
	E0303	NU RR	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0304	NU RR	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0305	NU RR	Bedside rails, half length, pair.	Rental requires PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0310	NU RR	Bedside rails, full length, pair.	Rental requires PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years. Included in nursing facility daily rate.
#	E0315		Bed accessory: board, table, or support device, any type.	No	
	E0316		Safety enclosure frame/canopy for use with hospital bed, any type.	Yes	Purchase only. Included in nursing facility daily rate.
N	E0328		Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress.	Yes	Purchase only. Included in nursing facility daily rate. Limit of 1 per client every 10 years.
N	E0329		Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress.	Yes	Purchase only. Included in nursing facility daily rate. Limit of 1 per client every 10 years
#	E0370		Air pressure elevator for heel.	No	
	E0371	NU RR	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental.
	E0372	NU RR	Powered air overlay for mattress, standard mattress length and width.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0840		Traction frame, attached to headboard, cervical traction.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
#	E0841		Multi-directional static progressive stretch shoulder device, with range of motion adjustability, includes cuffs.		
#	E0849		Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible.		
	E0850		Traction stand, freestanding, cervical traction.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
#	E0855		Cervical traction equipment not requiring additional stand or frame.		
#	E0856		Cervical traction device, cervical collar with inflatable air bladder.		
	E0860		Traction equipment, overdoor, cervical.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
P	E0870		Traction frame, attached to footboard, simple extremity traction (e.g. Buck's).	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0880		Traction stand, freestanding, extremity traction (e.g., Buck's).	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0890		Traction frame, attached to footboard, pelvic traction.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0900		Traction stand, freestanding, pelvic traction (e.g., Buck's).	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0992		Manual wheelchair accessory, solid seat insert.	Yes	
	E2291		Back, planar, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	E2292		Seat, planar, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	E2293		Back, contoured, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	E2294		Seat, contoured, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	E2611		General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2612		General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware.	Yes	
	E2613		Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2614		Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware.	Yes	
	E2615		Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2616		Positioning wheelchair back, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware.	Yes	
	E2617		Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Yes	
D	E2618		Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware. Discontinued as of 1/1/2008.	Yes	
	E2620		Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2216		Manual wheelchair accessory, foam filled propulsion tire, any size, each.	Yes	
	E2217		Manual wheelchair accessory, foam filled caster tire, any size, each.	Yes	
	E2218		Manual wheelchair accessory, foam propulsion tire, any size, each.	Yes	
	E2219		Manual wheelchair accessory, foam caster tire, any size, each. Code Added.	Yes	
	E2220		Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each.	Yes	
	E2221		Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each.	Yes	
	E2222		Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each.	Yes	
	E2223		Manual wheelchair accessory, valve, any type, replacement only, each.	Yes	
	E2224		Manual wheelchair accessory, propulsion wheel excludes tire, any size, each.	Yes	
	E2225		Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2226		Manual wheelchair accessory, caster fork, any size, replacement only, each.	Yes	
N	E2227		Manual wheelchair accessory, gear reduction drive wheel, each.	Yes	
#	E2228		Manual wheelchair accessory, wheel braking system and lock.		
	E2381		Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Yes	
	E2382		Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Yes	
	E2383		Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Yes	
	E2384		Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Yes	
	E2385		Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Yes	
	E2386		Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Yes	
	E2387		Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1009		Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each.	Yes	
	E1010		Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, each.	Yes	
	E1016		Shock absorber for power wheelchair, each.	Yes	
	E1018		Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each.	Yes	
	E1028		Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory.	Yes	
	E2300		Power wheelchair accessory, power seat elevation system.	Yes	
	E2301		Power wheelchair accessory, power standing system.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2310		Power wheelchair accessory, electronic connection between wheelchair controller & one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware.	Yes	
	E2311		Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware.	Yes	
N	E2312		Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware.	Yes	
N	E2313		Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	Yes	
	E2321		Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2372		Power wheelchair accessory, group 27 non-sealed lead acid battery, each.	Yes	
#	E2397		Power wheelchair accessory, lithium-based battery, each.		
	K0733		Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Yes	

Miscellaneous Repair Only

	E1011		Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair).	Yes	
	E1340		Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. (Troubleshooting, delivery, evaluations, travel time, etc. are included in the reimbursement for the parts and accessories.).	Yes	
	E2205		Manual wheelchair accessory, hand rim without projections, any type, replacement only, each.	Yes	
	E2210		Wheelchair accessory, bearings, any type, replacement only, each.	Yes	
	E2368		Power wheelchair component, motor, replacement only.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2369		Power wheelchair component, gear box, replacement only.	Yes	
	E2370		Power wheelchair component, motor and gear box combination, replacement only.	Yes	
	E2619		Replacement cover for wheelchair seat cushion or back cushion, each.	Yes	
	K0098		Drive belt for power wheelchair.	Yes	

Accessories (Noncovered HCPCS Codes)

#	E0177		Water pressure pad or cushion, nonpositioning.		
#	E0966		Manual wheelchair accessory, headrest extension, each.		
#	E0968		Commode seat, wheelchair.		
#	E0969		Narrowing device, wheelchair.		
#	E0970		No. 2 footplates, except for elevating legrest.		See codes K0037 and K0042.
#	E2362		Power wheelchair accessory, group 24 non-sealed lead acid battery, each.		
#	E2364		Power wheelchair accessory, U-1 non-sealed lead acid battery, each.		

Note: All modifications, accessories, and repairs require prior authorization.

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Coverage/Limitations

What is covered? [Refer to WAC 388-543-1100]

The Health and Recovery Services Administration (HRSA) covers the following subject to the provisions of this billing instruction:

- Equipment and supplies prescribed in accordance with an approved plan of treatment under the home health program;
- Disposable/nonreusable supplies; and
- Compliance packaging.

Note: For a complete listing of covered medical equipment and related supplies, refer to the *Coverage Table*.

What are the general conditions of coverage?

HRSA covers the services listed above only when all of the following apply. The services must be:

- Medically necessary (see *Definitions* section). The provider or client must submit to HRSA sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to, the following:
 - ✓ A physiological description of the client's disease, injury, impairment, or other ailment, and any changes in the client's condition written by the prescribing physician, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist; or
 - ✓ Video and/or photograph(s) of the client demonstrating the impairments and the client's ability to use the requested equipment, when applicable.
- Within the scope of an eligible client's medical care program (see *Client Eligibility* section);
- Within accepted medical or physical medicine community standards of practice;
- Prior authorized (see section E, *Prior Authorization*);

- Prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and HRSA is being billed for co-pay and/or deductible only:

The prescriber must use the Health and Recovery Services Administration (HRSA) Prescription Form (DSHS 13-794) to write the prescription. The form is available for download at <http://www1.dshs.wa.gov/msa/forms/eforms.html>. The prescription (DSHS 13-794) must:

- ✓ Be signed and dated by the prescriber;
- ✓ Be no older than one year from the date the prescriber signs the prescription; and
- ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.

- Billed to the department as the payer of last resort only. For example, HRSA does not pay first and then collect from Medicare second.

Note: The evaluation of a By Report (BR) item, procedure, or service for its medical appropriateness and reimbursement value is on a case-by-case basis.

What are other specific conditions of coverage?

- **Disposable/Nonreusable Supplies**

Most disposable/nonreusable supplies do not require prior approval; however, they must be medically necessary and the least costly alternative. When providers do not bill the least costly alternative, they must keep medical justification from the prescribing provider in their files to justify the more expensive item.

Note: Billing provisions are limited to a one-month supply only.

- For a complete list of program limitations, refer to the *Coverage Table*.
- Barrier creams listed in the Ostomy Supplies section of the MSE fee schedule are to be used for Ostomy diagnosis only. HRSA does not allow them for incontinence.

- **Clients Residing in a Nursing Facility**

HRSA reimburses for supplies required for nursing facility resident care through the nursing facility fixed per diem rate except for the following, which are reimbursed separately:

- ✓ Supplies or services replacing all or parts of the function of a permanently impaired or malfunctioning internal body organ:
 - Colostomy (and other ostomy) bags and necessary supplies; and
 - Urinary retention catheters, tubes, and bags (does not include irrigation supplies);
- ✓ Supplies for intermittent catheterization programs (the catheter is inserted and removed each time the procedure is done); and
- ✓ Surgical dressings required as a result of a surgical procedure (does not include decubitus care). Allowed for up to six (6) weeks postsurgery.

- **Disposable Incontinent Products [Refer to WAC 388-543-1150]**

Specifications

- ✓ **All** adult and children's diapers, incontinent pants, pull-up training pants, underpads, diaper doublers, and liners/shields **must** meet the following specifications to be covered by HRSA:
 - Padding provides uniform protection.
 - Product is hypoallergenic.
 - Adhesives and glues used during construction are not water-soluble and form continuous seals at the edges of the absorbent core to minimize leakage.
 - All materials used in construction of the product are safe for clients' skin and are harmless if ingested.
 - Product meets flammability requirements of both federal law and industry standards.

In addition to the specifications on the preceding page, the following specifications must be met for each of the following types of products:

✓ ***Adult Briefs/Children's Diapers***

- Hourglass shaped with formed leg contours.
- Absorbent filler core is at least ½ inch from elastic leg gathers.
- Leg gathers consist of at least three strands of elasticized materials.
- Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
- Backsheet is moisture impervious; at least 1 mm thickness designed to protect clothing and linens.
- Topsheet resists moisture return to skin.
- There are at least four refastenable tapes (two on each side) for briefs; two refastenable tapes (one on each side) for diapers. The tapes should have an adhesive coating that will release from the backsheet without tearing it. The tape adhesive permits a minimum of three fastening/unfastening cycles or has a continuous waistband or side panels with a tear away feature.
- Inner lining is made of soft, absorbent material.

(Briefs and diapers should have a wetness indicator that clearly indicates degree of wetness.)

✓ ***Pull-up Training Pants/Incontinent Pants***

- Made like regular underwear with an elastic waist.
- Absorbent filler core is at least ½ inch from elastic leg gathers.
- Leg gathers consist of at least three strands of elasticized materials.
- Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
- Backsheet is moisture impervious, at least 1 mm thickness, designed to protect clothing and linens.
- Topsheet resists moisture return to skin.
- Inner lining is made of soft, absorbent material.

(Pants should have a wetness indicator that clearly indicates degree of wetness.)

Nondurable Medical Supplies And Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	A4211		Supplies for self-administered injections.		
	A4215		Needle, sterile, any size, each.	No	Included in nursing facility daily rate.
	A4322		Irrigation syringe, bulb or piston, each.	No	Included in nursing facility daily rate. Not allowed in combination with code A4320, A4355.

Blood Monitoring/Testing Supplies

	A4233		Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each.	No	
	A4234		Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each.	No	
	A4235		Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
And Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4236		Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each.	No	
#	A4252		Blood ketone test or reagent strip, each.		
	A4253	KX or KS	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips.	No	Included in nursing facility daily rate. 1 unit billed = 1 box of 50 strips (e.g. 1 unit = 50, 2 units = 100 strips; 3 units = 150 strips, etc.)
#	A4255		Platforms for home blood glucose monitor, 50 per box.		
	A4256		Normal, low and high calibrator solution/chips.	No	Included in nursing facility daily rate.
	A4258		Spring-powered device for lancet, each.	No	One (1) allowed per client every 6 months. Included in nursing facility daily rate.

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**Nondurable Medical Supplies
And Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6255		Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	
	A6256		Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
	A6257		Transparent film, 16 sq. in. or less, each dressing.	No	
	A6258		Transparent film, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	
	A6259		Transparent film, more than 48 sq. in., each dressing.	No	
	A6260		Wound cleaners, any type, any size (per ounce).	No	
	A6261		Wound filler, gel/paste, per fluid ounce, not elsewhere classified.	Yes	
	A6262		Wound filler, dry form, per gram, not elsewhere classified.	Yes	
	A6266		Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard.	No	

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- Not Covered

**Nondurable Medical Supplies
And Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6402		Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6403		Gauze, non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6404		Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6407		Packing strips, non-impregnated, up to two inches in width, per linear yard.	No	
#	A6413		Adhesive bandage, first-aid type, any size, each.		
	A6441		Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6442		Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard.	No	
	A6443		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard.	No	

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**Nondurable Medical Supplies
And Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	A5083		Continent device, stoma absorptive cover for continent stoma. See code A6219.		
	A5093		Ostomy accessory, convex insert.	No	Maximum of 10 allowed per client per month.
	A5120		Skin barrier, wipes or swabs, each.	No	Ostomy only.
	A5121		Skin barrier, solid, 6 x 6 or equivalent, each.	No	For ostomy only.
	A5122		Skin barrier, solid, 8 x 8 or equivalent, each.	No	For ostomy only.
	A5126		Adhesive or non-adhesive; disk or foam pad. Maximum of 10 allowed per client per month.	No	
#	A5131		Appliance cleaner, incontinence and ostomy appliances, per 16 oz.		

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**Nondurable Medical Supplies
And Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Urological Supplies

	A4310		Insertion tray without drainage bag and without catheter (accessories only).	Yes	Maximum of 120 per client, per month. Included in nursing facility daily rate. Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, or A4354.
	A4311		Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.).	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4338.

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- Not Covered

**Nondurable Medical Supplies
And Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6544		Gradient compression stocking, garter belt.	Yes	Included in nursing facility daily rate.
	A6549		Gradient compression stocking, not otherwise specified.	Yes	Included in nursing facility daily rate.
#	A9283		Foot pressure off loading/supportive device, any type, each.		
	E0942		Cervical head harness/halter.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.
	E0944		Pelvic belt/harness/boot.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.

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**Nondurable Medical Supplies
And Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0945		Extremity belt/harness.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.

Decubitus Care Products

	E0188		Synthetic sheepskin pad.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.
	E0189		Lambswool sheepskin pad.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.

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